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## BIB DATA SHEET

CONFIRMATION NO. 9304

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/779,573	02/13/2004 RULE	705	3626	3219-000011	
<b>APPLICANTS</b> David Wilson, West Bloomfield, MI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/518,776 11/10/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/12/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LENA NAJARIAN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance LN Initials	STATE OR COUNTRY MI	SHEETS DRAWINGS 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
<b>ADDRESS</b> HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 828 BLOOMFIELD HILLS, MI 48303 UNITED STATES					
<b>TITLE</b> Method for reimbursing qualified over-the- counter medical care products					
<b>FILING FEE RECEIVED</b> 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees		
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